

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081411

FILED
Jan 28, 2005
Secretary of State

Entity Name: VT TRADING II CORP.

Current Principal Place of Business:

P. O. BOX 524652
MIAMI, FL 33152

New Principal Place of Business:

10621 SW 102 AV
MIAMI, FL 33176

Current Mailing Address:

P. O. BOX 524652
MIAMI, FL 33152

New Mailing Address:

FEI Number: 06-1641094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ DE VARONA, RAUL J
1320 SOUTH DIXIE HIGHWAY
SUITE 280
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COSTO, NATALIO
Address: 1320 SOUTH DIXIE HIGHWAY SUITE 280
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COSTO, NATALIO
Address: 10621 SW 102 AV
City-St-Zip: MIAMI, FL 33176

Title: D () Change (X) Addition
Name: COSTO, ADRIAN
Address: 10621 SW 102 AV
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COSTO NATALIO

D

01/28/2005

Electronic Signature of Signing Officer or Director

_____ Date